

NEW BUSINESS

11-5-19

VOTE.

NEW

BUSINESS

# MAYOR'S OFFICE COORDINATORS REPORT



OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 1126 Event Name: 2019 "D" Drop

Event Date: December 31, 2019

Street Closure: Various

Organization Name: Jon Witz & Associates

Street Address: 301 W. 4th Street Royal Oak, MI 48067

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	

**24-Hour Liquor License**

#### Petition Communications (include date/time)

The 2019 New Year's Eve ball drop will be located at Campus Martius & Cadillac Square from 4:00pm - 2:00am; with temporary street closures on Woodward Avenue, Cadillac Square, Monroe, Michigan Avenue & Fort Street.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Liberty Security Group & Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspection; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

OCT 31 2019 - MTNB AS 3:0

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Road Closures Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Drop Apparatus, Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Jusser

Date: 10-23-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, October 25, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT     POLICE DEPARTMENT  
FIRE DEPARTMENT     BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT     MUNICIPAL PARKING DEPARTMENT

**1126**     *Jonathan Witz & Associates, request to hold the "2019 NYE D Drop" at Campus Martius Park and Surrounding Areas and Streets on December 31, 2019 from 4:00pm to 2:00am with set-up to begin 12/28/19 and to finish 1/1/20 at 6pm.*

# City of Detroit Special Events Application

1126

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 NYE "D" Drop  
Event Location: Campus Martius Park & Surrounding Areas

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: JONATHAN WITZ & ASSOCIATES  
Organization Mailing Address: 301 W. 4TH STREET LL150-ROYALAK, MI 48067

Business Phone: 248-541-7550 Business Website: \_\_\_\_\_

Applicant Name: JONATHAN WITZ

Business Phone: 248-541-7550 Cell Phone: 248-225-1212 Email: jon@ALTSEATSEATS.COM

Event On-Site Contact Person:

Name: JEFF WILSON

Business Phone: 248-541-7550 Cell Phone: 248-240-0137 Email: jkwilson@ALTSEATSEATS.COM

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

Projected Number of Attendees: 30,000

Please provide a brief description of your event:

OUTDOOR & TENTED EVENT featuring NYE  
"D" DROP Count Down, Kite放, Food Truck, Music

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 11/28/19 Time: 8:00 Complete Set-up Date: 12/30/19 Time: 6pm

Event Start Date: 12/31/19 Time: 4pm Event End Date: 1/1/20 Time: 2am

Begin Tearing Down Date: 1/1/20 2am Complete Tear Down Date: 1/1/20 6pm

Event Times (If more than one day, give times for each day):

4pm - 2am

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Candus MacLanes Park, Monroe, Cadillac Square, MI Area, Woodwood

Facilities to be used (circle): Street Sidewalk Park City  
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

-Public entrance and exit	-Location of First Aid
-Location of merchandising booths	-Location of fire lane
-Location of food booths	-Proposed route for walk/run
-Location of garbage receptacles	-Location of tents and canopies
-Location of beverage booths	-Sketch of street closure
-Location of sound stages	-Location of bleachers
-Location of hand washing sinks	-Location of press area
-Location of portable restrooms	-Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

outdoor music stage featuring local & regional talent

Will a sound system be used?  Yes  No

If yes, what type of sound system? small outdoor sound system

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No  
If yes, please describe:

Will there be on-site ticket sales?  Yes  No  
If yes, list price(s):

Will there be vending or sales?  Yes  No  
If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

Food, soft drinks, Adult Beverages & merchandise

Will there be food trucks?

Yes  No

If yes, please list how many:

Approximately 10

Will there be a charge for parking?

Yes  No

If yes, please describe the amount:

How will you advise attendees of parking options?

web site & ads

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: LIBERTY Security Group

Contact Person: MATT WARNER

Address: 1400 Biddle Avenue

Phone: 734-306-4871

City/State/Zip: Wyandotte, MI 48196

Number of Private Security Personnel Hired Per Shift: Approx 20 - 30

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

STREET CLOSURES

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:

DOOR TO DOOR VISITS

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Approximately 6-8 generators may be used to power up stage, tents, vendor. Fueled by licensed Diesel Propane.

AKGREKO

Name of vendor providing generators: Contact Person: Don GREY

Address: 8119 PARK PLACE

Phone: 218-486-4100

City/State/Zip Brighton, MI 48116

Booth 1 - 66'X120' Tent ; 1 - 30'X120' Tent

Tents (enclosed on 3 sides)

Canopy (open on all sides) APPROX 10 - 10'X10' TENT / 3 - 20'X20' TENTS

Staging/Scaffolding 1 - 20'X24'X3' STAGE & 1-Scaffolding TRUSS for video wall  
1-TRUSS system for DJ DROP

Bleachers

#### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? HART MEDICAL

Contact Person: ADAM GOTTLIEB

Address: 1636 W. FORT STREET

City/State/Zip: DETROIT, MI 48216

Name of company providing port-a-johns.

Jay's Sanitation

Contact Person: SHIRLEY

Address: 810-640-8080

City/State/Zip: LADERGE, MI

Name of private catering company?

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

#### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures?  Yes  No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Moore Street

FROM: Farm TO: Woodward

CLOSURE DATES: 12/28/19 BEG TIME: 6 am END TIME:

REOPEN DATE: 1/1/20 TIME: 6 pm

STREET NAME: Castelle Square

FROM: Biggs TO: Woodward

CLOSURE DATES: 12/31/19 BEG TIME: 4 pm END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

STREET NAME: Michigan Avenue

FROM: Gratiot TO: Woodward

CLOSURE DATES: 12/31/19 BEG TIME: 12 pm END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

STREET NAME: Woodward Avenue

FROM: State/Gratiot TO: Congress

CLOSURE DATES: 12/31/19 BEG TIME: 4 pm END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

STREET NAME: Fort Street

FROM: Gratiot TO: Woodward

CLOSURE DATES: 12/31/19 BEG TIME: 4 pm END TIME:

REOPEN DATE: 1/1/20 TIME: 6 AM

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

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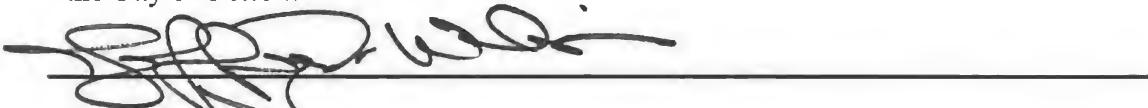
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## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

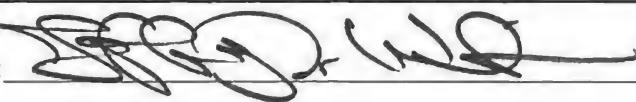
(Please Print)

Event Name: 2019 NYE 'D' Drop Event  
Date: 12/31/2019

Event Organizer:

Jonathan White & Associates

Applicant Signature:



\_\_\_\_\_  
Date: \_\_\_\_\_

# **2019 NYE – “D” DROP**

## **December 31, 2019**

**Event Dates/Times:** Tuesday, December 31, 2019      6PM – 2 AM

**Event Producer:** Jonathan Witz & Associates  
301 W. 4<sup>th</sup> Street LL150  
Royal Oak, MI 48067

**Event Management:**

Jonathan Witz	<a href="mailto:jon@winterblast.com">jon@winterblast.com</a>	248-225-1212
Event Producer		
Jennifer Sutton	<a href="mailto:jennifera@winterblast.com">jennifera@winterblast.com</a>	248-541-7550
Marketing / Sponsor Services		
Jeff Wilson	<a href="mailto:jwilson@winterblast.com">jwilson@winterblast.com</a>	248-240-0137
Director of Operations		
Shannon Wojtas	<a href="mailto:shannon@winterblast.com">shannon@winterblast.com</a>	734-552-7535
Restaurant Coordinator		
Stephanie McIntyre	<a href="mailto:stephanie@winterblast.com">stephanie@winterblast.com</a>	248-541-7550
Marketing Coordinator		
Jill Riddle	<a href="mailto:jill@artsbeatseats.com">jill@artsbeatseats.com</a>	248-760-0635
Event Gate Coordinator		

**Event Contractors / Suppliers:**

Tenting:	S & R Event Rental 707 E. Lewiston Ferndale, MI 48220 248-655-6020	Security:	Liberty Security Group 1400 Biddle Wyandotte, MI 48192 Matt Warner
Medical:	Hart Medical 1636 W. Fort Street Detroit, Michigan 48216 313-336-7242 ph Adam Gottlieb	Cleaning:	Block By Block 607 Shelby Detroit, MI 48226 313-963-2225
Power:	Aggreko 8119 Park Place Brighton, MI 48116 248-486-4100 ph Don Gray	Toilets:	Jay's Sanitation 146 Greenwood Lapeer, MI
Lighting Stages Video D-Drop	AV7 Productions 145 Livernois Road Rochester Hills, MI 48307 586-489-3097 Dan Newman	Heating:	Corrigan Propane 775 N. Second Rd Brighton, MI 48116 810-229-6323 ph 810-229-4970 fax Bob Finn

# 2019 NYE - “D” Drop

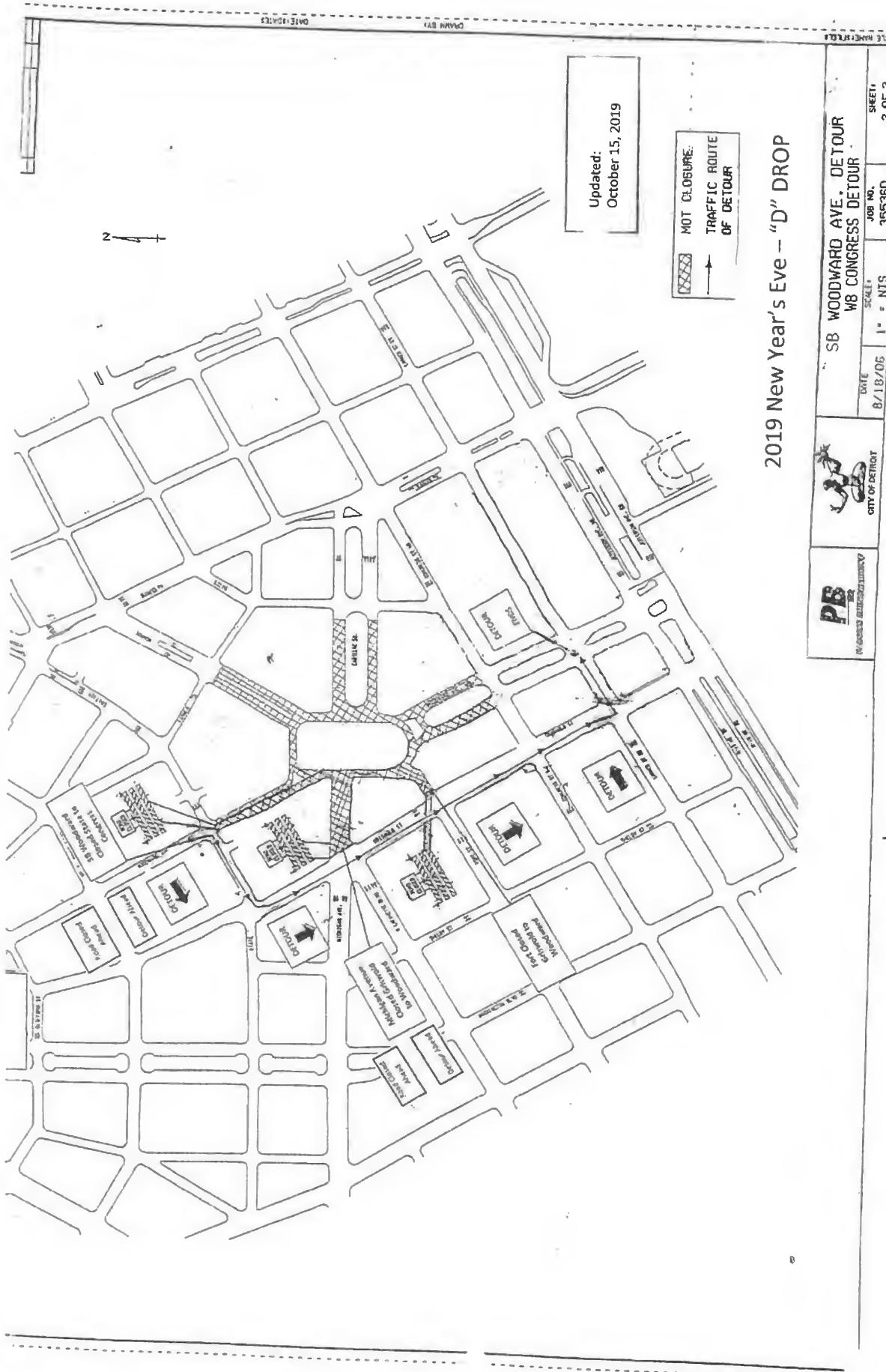
Updated: October 22, 2019

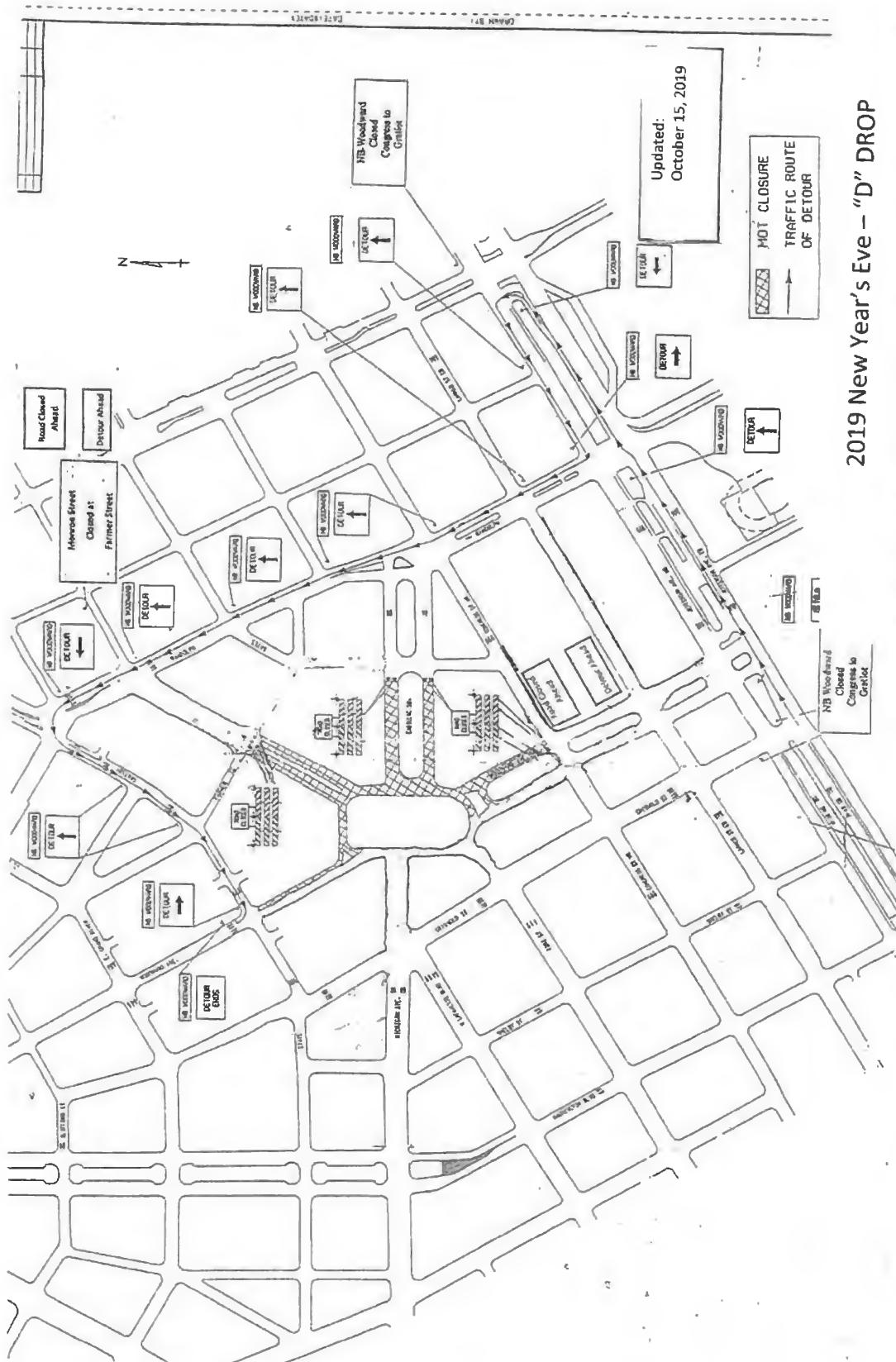
## STREET CLOSURES:

<u>DAY:</u>	<u>TIME</u>	<u>STREETS</u>
Saturday, December 28, 2019	6:00 AM	Monroe between Woodward and Farmer
Tuesday, December 31, 2019	12:00 PM	Michigan Avenue between Griswold and Woodward
	4:00PM	Woodward between Congress and State/Gratiot
		Cadillac Square between Bates and Woodward
		Fort between Griswold and Woodward

## STREET RE-OPENINGS:

<u>DAY:</u>	<u>TIME</u>	<u>STREETS</u>
Wednesday, January 1, 2020	6:00 AM	Woodward between Congress and State/Gratiot Fort between Woodward and Griswold Cadillac Square between Woodward and Bates Michigan Avenue between Woodward and Griswold Monroe between Woodward and Farmer
	6:00 PM	Monroe between Woodward and Farmer





## 2019 New Year's Eve – "D" DROP



2019-10-25

1126

**1126**  
*Petition of Jonathan Witz & Associates, request to hold the "2019 NYE D Drop" at Campus Martius Park and Surrounding Areas and Streets on December 31, 2019 from 4:00pm to 2:00am with set-up to begin 12/28/19 at to finish 1/1/20 at 6pm.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE      DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT      POLICE  
FIRE DEPARTMENT      BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT      MUNICIPAL  
DEPARTMENT

## MAYOR'S OFFICE COORDINATORS REPORT

2018  
2

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 1125 Event Name: 2020 Winter Blast

Event Date: February 7 - 9, 2019

Street Closure: Various

Organization Name: Jon Witz & Associates

Street Address: 301 W. 4th Street Royal Oak, MI 48067

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input checked="" type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> <b>24-Hour Liquor License</b>			

### Petition Communications (include date/time)

The 2020 Winter Blast will take place at Campus Martius & Cadillac Square with various times each day and temporary street closures on Woodward, Cadillac Square, Michigan Avenue and Monroe Street.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Liberty Security Group & Eagle Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspection; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

**OCT 31 2019 - MTNB AS B.D)**

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades & Road Closures Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Generators & ZipLine
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bob Jusser

Date: 10-23-19

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Andre P. Gilbert II  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, October 25, 2019*

*To: The Department or Commission Listed Below*  
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In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT     POLICE DEPARTMENT  
FIRE DEPARTMENT     BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT     MUNICIPAL PARKING DEPARTMENT

**1125**     *Jonathan Witz & Associates, request to hold "2020 Winter Blast" at Campus Martius Park & Surrounding Areas and Streets from February 7, 2020 to February 9, 2020 with set-up beginning February 1, 2020 at 6:00am and tear down to be completed February 12, 2020.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: 2020 WINTER BLAST

Event Location: Campus Martius Park & Surrounding Areas

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Jonathan Witz & Associates

Organization Mailing Address 301 W. 4TH STREET - 11150, Royal Oak, MI 48067

Business Phone: 248-541-7550 Business Website: www.winterblast.com

Applicant Name: Jonathan Witz

Business Phone: 248-541-7550 Cell Phone: 248-225-1212 Email: JON@ARTSBESTSEATS.COM

Event On-Site Contact Person:

Name: Jeff Wilson

Business Phone: 248-541-7550 Cell Phone: 248-240-0137 Email: JWILSON@ARTSBESTSEATS.COM

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

Projected Number of Attendees: 40,000

Please provide a brief description of your event:

OUTDOOR WINTER FESTIVAL FEATURING ICE SKATING, SKI HILL  
TUBE SLIDE, ZIPLINES, ICE SCULPTURES, WARMING HUTS w/ MUSIC  
& FOOD TRUCKS, POLAR PLunge & STREET PERFORMERS

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 2/1/20 Time: 6am Complete Set-up Date: 2/6/20 Time: 11pm

Event Start Date: 2/7/20 Time: 3pm Event End Date: 2/9/20 Time: 9pm

Begin Tearing Down Date: 2/9/20 Complete Tear Down Date: 2/12/20

Event Times (If more than one day, give times for each day):

Friday 2/7/20 3pm-11pm; Saturday 2/8/20 11am-11pm; Sunday 2/9/20 11am-9pm

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Campus Melton Park, Carroll Square, Monroe, MEANZ & Woodward

Facilities to be used (circle):  Street  Sidewalk  Park  City

Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the

anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

outdoor family activities (swing,ipline, slide, ice skating) with local, regional acts performing on 2 stages

Will a sound system be used?  Yes  No

If yes, what type of sound system? small amplified JBL Sound Systems

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold: Food, SoftDrinks, Adult beverages, & Souvenirs

Will there be food trucks?  Yes  No  
If yes, please list how many:

Approximately 15

Will there be a charge for parking?  Yes  No  
If yes, please describe the amount:

How will you advise attendees of parking options? WEB SITE & Signage

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Liberty Security Group

Contact Person: MATT WARNER

Address: 1400 Biddle Avenue

Phone: 734-306-4871

City/State/Zip: Wyandotte, MI 48192

Number of Private Security Personnel Hired Per Shift: Approximately between 20 - 30

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

WITH VARIOUS STREET CLOSURES & SIDEWALK CLOSURES

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:

DOOR TO DOOR VISITS & HOLD

AN AREA MEETING WITH COORDINATION FROM DDP.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

WE WILL USE 20Amps Circuit & Food TRUCK CONNECTIONS. APPROXIMATELY 10

GENERATORS WILL BE USED. GENERATORS WILL BE FUELED BY LEONARD DIESEL PROVIDER.

**AGGREKO**

Name of vendor providing generators: Contact Person: **Don Grey**

Address: **8119 PARK PLACE**

Phone: **248-486-4100**

City/State/Zip **Brighton, MI 48116**

	How Many?	Size/Height
Booth	1 - 66'x150' ; 1 - 40'x120' ; 1 - 30'x30'	
Tents (enclosed on 3 sides)	<b>ADRBON 10 - 10'x10' TENT</b>	
Canopy (open on all sides)	<b>N/A</b>	
Staging/Scaffolding	<b>2 - 20'x24'x2' stages &amp; 3 - 15'x30'x7' scaffolding arches</b>	<b>1 - SCAFFOLD STRUCTURE FOR STAGE</b>
Bleachers	<b>N/A</b>	

#### **Section 9- COMPLETE ALL THAT APPLY**

Emergency medical services? **HART MEDICAL**

Contact Person: **Adam Gotlob**

Address: **1636 W. Fort STREET**

City/State/Zip: **DETROIT, MI 48216**

Name of company providing port-a-johns. **SERVICE SANITATION**

Contact Person: **BEN LEWIS**

Address: **135 Blain STREET**

Phone: **219-949-7000**

City/State/Zip: **Gary, Indiana 46406**

Name of private catering company? **N/A**

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **BARRICADES are not available from the City of Detroit.**

Will there be street closures?  Yes  No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Cadillac Squares (westbound lanes)

FROM: Bates TO: Woodward

CLOSURE DATES: 2/1/20 BEG TIME: 6am END TIME:

REOPEN DATE: 2/12/20 TIME: 6am

STREET NAME: Monroe

FROM: Farmor TO: Woodward

CLOSURE DATES: 2/3/20 BEG TIME: 6am END TIME:

REOPEN DATE: 2/11/20 TIME: 6 Am

STREET NAME: Michigan Avenue

FROM Woodward TO: Woodward

CLOSURE DATES: 2/4/20 BEG TIME: 6am END TIME:

REOPEN DATE: 2/11/20 TIME: 6am

STREET NAME: Woodward Avenue

FROM STATE/GRATOT TO: Congress

CLOSURE DATES: 2/6/20 BEG TIME: 6pm END TIME:

REOPEN DATE: 2/10/20 TIME: 6pm

STREET NAME: Cadillac Squares (eastbound lanes)

FROM: Bates TO: Woodward

CLOSURE DATES: 2/6/20 BEG TIME: 6pm END TIME:

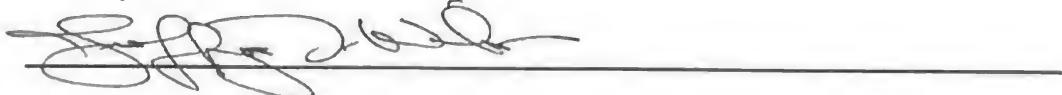
REOPEN DATE: 2/10/20 TIME: 6am

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### **HOLD HARMLESS AND INDEMNIFICATION**

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 2020 WINTER BLAST Event  
Date: FEBRUARY 7-9, 2020

Event Organizer:

JONATHAN WITZ & ASSOCIATES

Applicant Signature:



Date:

Glossary

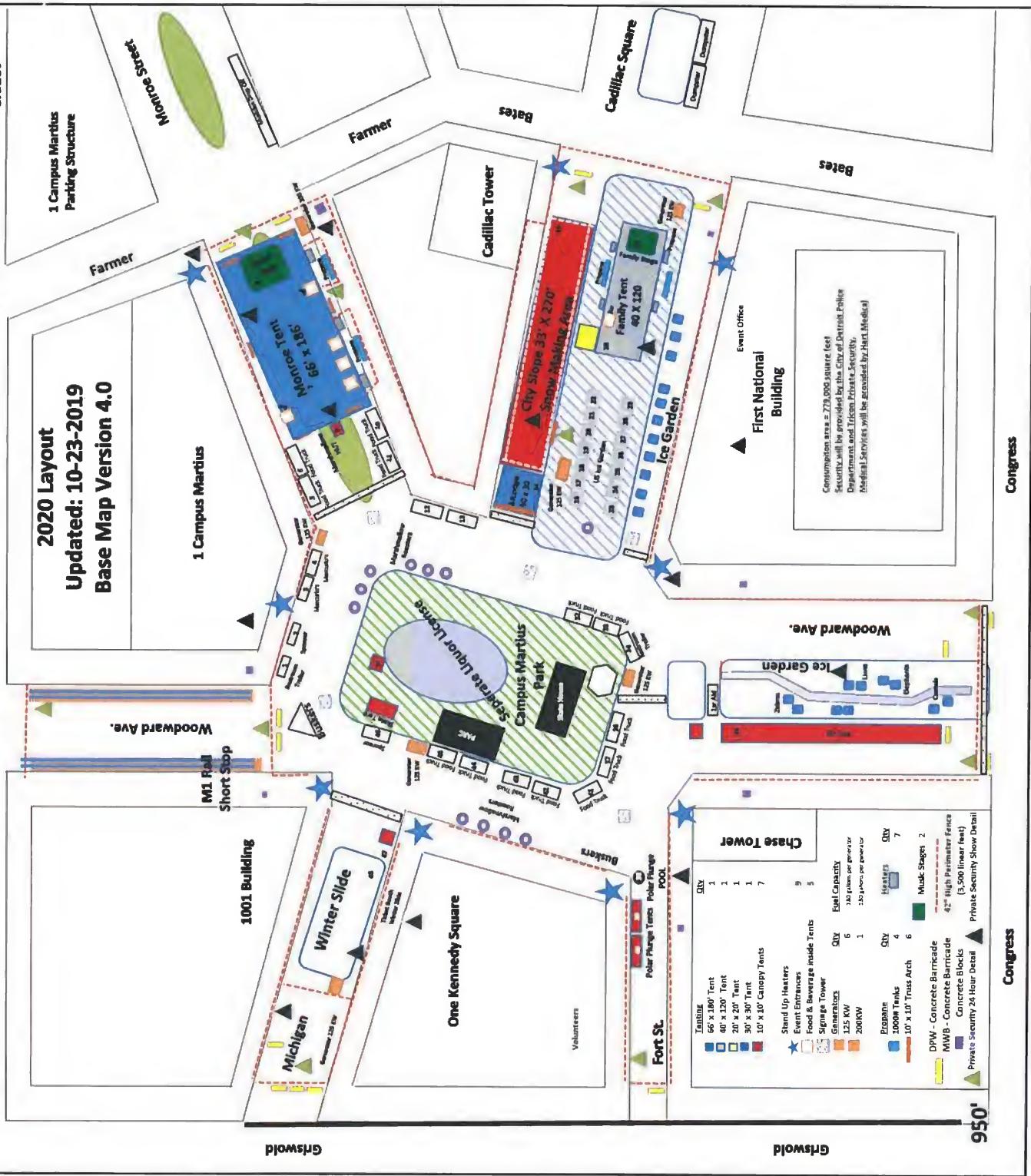
Gratis

318

Glossary

820

2020 Layout  
Updated: 10-23-2019  
Base Map Version 4.0



2019-10-25

**1125**

*Petition of Jonathan Witz & Associates, request to hold "2020 Winter Blast" at Campus Martius Park & Surrounding Areas and Streets from February 7, 2020 to February 9, 2020 with set-up beginning February 1, 2020 at 6:00am and tear down to be completed February 12, 2020.*

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**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

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MAJOR'S OFFICE      DPW - CITY ENGINEERING DIVISION  
PLANNING AND DEVELOPMENT DEPARTMENT      POLICE  
                            DEPARTMENT  
FIRE DEPARTMENT      BUSINESS LICENSE CENTER  
TRANSPORTATION DEPARTMENT      MUNICIPAL

# MAYOR'S OFFICE COORDINATORS REPORT

805  
5  
3

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 1124 Event Name: Beacon of the Night

Event Date: November 8, 2019

Street Closure: None

Organization Name: We Are Culture Creators

Street Address: 4114 Bagley Avenue Detroit, MI

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> <b>24-Hour Liquor License</b>			

#### Petition Communications (include date/time)

Live Music & Art Showcase at Beacon Park from 8:00pm - 11:00pm inside existing tent.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with the Downtown Detroit Partnership to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>No Permits Required</b>

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: B. Kushner

Date: 10-23-19

City of Detroit  
OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Andre P. Gilbert II  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, October 25, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE      BUSINESS LICENSE CENTER  
DPW - CITY ENGINEERING DIVISION      PLANNING AND DEVELOPMENT DEPARTMENT  
RECREATION DEPARTMENT      POLICE DEPARTMENT  
FIRE DEPARTMENT

**1124**      *We Are Culture Creators, request to hold "Beacon of the Night" concert at Beacon Park, 1901 Grand River Ave. on November 8, 2019 from 8:00 pm to 12:00 am with set-up beginning at 6:00 pm on the same day.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name:

*Beacon of the Night*  
Detroit, MI

Event Location:

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name:

*We Are Culture Creators*

Organization Mailing Address:

*4114 Bagley Detroit, MI*

Business Phone:

Business Fax:

*(313) 888-6011*  
*81-32-08260*

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name:

*Marcus Miller*

Title/Role:

*Artist Manager / Organizer*

Email Address:

*Marcus.miller.ext@outlook.com*

Mailing Address:

*2627 Common St. Hamtramck, MI*

Business Phone:

Business Fax::

Event On-Site Contact Person:

Mailing Address:

*marcus.miller.ext@outlook.com*

Business Phone:

*(313) 888-6011*

Business Fax:

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors:

#### Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: \_\_\_\_\_

Provide a brief description of your event:

An event that features live music, art, and many diverse showcases of talent all from Detroit Natives. The event welcomes all to join to celebrate Detroit youth & culture

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 6pm 11/8 Complete Set-up Date & Time: 7PM 11/8

Event Start Date & Time: 8pm 11/8 Event End Date & Time: 12 AM 11/8

Begin Tearing Down Date: \_\_\_\_\_ Complete Tear Down Date: \_\_\_\_\_

Event Times (If more than one day, give times for each day): \_\_\_\_\_

Is this the first time you have held this event in the City of Detroit?  Yes  No

If no, what years has the event been held in Detroit? \_\_\_\_\_

When was the event last held in Detroit? \_\_\_\_\_

Where was the event last held in Detroit? \_\_\_\_\_

What were the hours last year? \_\_\_\_\_

Project Attendance This Year (Minimum – Maximum)? \_\_\_\_\_

What is the basis for your projected attendance? \_\_\_\_\_

Please describe your anticipated/ target audience:

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? \_\_\_\_\_

If a parade is planned. Indicate elements (check all that apply):

People  Balloons

Floats  Animals

Vehicles  Other: \_\_\_\_\_

Bands

If animals included, specify type, number and how used. \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Beacon Park 1901 Grand River Ave

Facilities to be used (circle): Street Grand River Ave Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

Singers  Magician  
 Musicians  Story Telling  
 Comedians  Other: \_\_\_\_\_

Describe the entertainment for this year's event: Live Paintings, singers and performances

List proposed entertainers and/or bands performing at the event: BFree (Detroit Pistons Artist)

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Concert series JBL

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?  Yes  No

If yes, what type of music? (check all that apply)

Live  Recorded  Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Standard electrical outlets

How many generators will be used? 8

How will the generators be fueled?

\_\_\_\_\_

Name of vendor providing generators:

Contact Person:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

[ ] Radio (Specify stations):

[ ] Television (Specific stations):

[ ] Newspapers (specify papers):

Web site (identify web address): weareculturecreators.com

[ ] Public Relations or Marketing Firm (Specify):

Contact Info:

[ ] Raffle (List Item(s)):

[ ] Billboards

Flyers

[ ] Street Banners

Other (specify): Social Media Platforms

NOTE: All raffles subject to laws of State/City.

## Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will food be sold?  Yes  No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold?  Yes  No

If yes, describe:

T-shirt vending by local artist

Will a percentage of the proceeds be distributed to a charitable organization?  Yes  No

If yes, describe: 25% Donated

If the event is a fundraiser, identify charity or recipient of funds:

We Are Culture Creators Non-Profit

Will there be vending or sales?  Yes  No

If yes, check all that apply:

[ ] Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

[ ] Other (specify):

Indicate type of items to be sold:

T-shirts, Prints

Will these be exclusive vendors or outside vendors? (please describe):

Exclusive Local Artist who are Residents

## Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

DDP

Address:

1 Campus Martius

Phone:

City/State/Zip: Detroit MI 48212

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Describe the emergency evacuation plan: DDP

Describe the parking plan to accommodate anticipated attendance: DDP

How will you advise attendees of parking options? DDP

Are you seeking a group parking rate? DDP

## Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Local collective Artist, who are Residents of city

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event: Private city Park

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Marcus Miller (313) 868-6011

## Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

N/A

How Many?

N/A

Size/Height

N/A

Booth

N/A

Tent (enclosed on 3 sides)

N/A

Canopy (open on all sides)

N/A  
N/A  
N/A

Staging/Scaffolding

Bleachers

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight:

\_\_\_\_\_

Other:

\_\_\_\_\_

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

N/A

Will additional utility services be used (power, water, etc.)? Please describe.

N/A

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

N/A

### Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: DDP

Address: 1 campus Martius

Phone: (313)568-8250

City/State/Zip: Detroit, MI 48212

Name of company providing emergency medical services?

Contact Person: DDP

Address: 1 Campus Martius

City/State/Zip: Detroit MI 48212

Name of company providing porta-johns.

Contact Person: DDP

Address:

Phone: (313) 568-8250

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

### SPECIAL USE REQUESTS

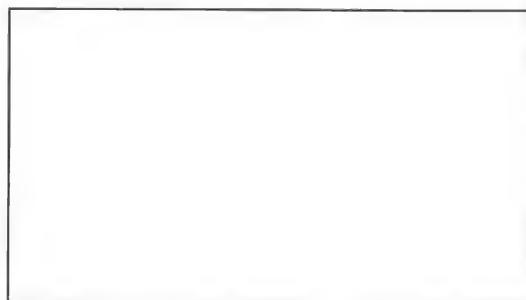
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

\_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

\_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

\_\_\_\_\_

#### **Requested City Equipment**

Provided In: \_\_\_\_\_ (year) \_\_\_\_\_

Current Request: \_\_\_\_\_ (year) \_\_\_\_\_

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

#### **ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

10/22/2019

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

2019-10-25

**1124**

*1124 Petition of We Are Culture Creators, request to hold "Beacon of the Night" concert at Beacon Park, 1901 Grand River Ave. on November 8, 2019 from 8:00 pm to 12:00 am with set-up beginning at 6:00 pm on the same day.*

**REFERRED TO THE FOLLOWING DEPARTMENT(S)**

MAYOR'S OFFICE BUSINESS LICENSE CENTER  
DPW - CITY ENGINEERING DIVISION PLANNING AND  
DEVELOPMENT DEPARTMENT  
RECREATION DEPARTMENT POLICE DEPARTMENT  
FIRE DEPARTMENT